



PTO/SB/17 (10-08)

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<b>Effective on 12/08/2004.</b> <b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b> <b>FEE TRANSMITTAL</b> <b>For FY 2009</b>		<b>Complete if Known</b>	
		Application Number	10/537,277-Conf. #2231
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	May 27, 2005
TOTAL AMOUNT OF PAYMENT (\$)		First Named Inventor	Yoshio Onoda
		Examiner Name	N. A. Walker
		Art Unit	3781
		Attorney Docket No.	09610/0202789-USO

**METHOD OF PAYMENT (check all that apply)**

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: 04-0100		Deposit Account Name: Darby & Darby P.C.	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
<input checked="" type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17		<input checked="" type="checkbox"/> Credit any overpayments		

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	52	26
Each independent claim over 3 (including Reissues)	220	110
Multiple dependent claims	390	195

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
20	- 20 or HP 0	x 26.00 =	0.00	Fee (\$)
HP = highest number of total claims paid for, if greater than 20.				
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	
4	- 4 or HP 0	x 110.00 =	0.00	Fee Paid (\$)
HP = highest number of independent claims paid for, if greater than 3.				

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/50 =	(round up to a whole number) x	=	

**4. OTHER FEE(S)**

	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): 2801 Request for continued examination (RCE) (see 37 ...)	405.00

<b>SUBMITTED BY</b>			
Signature		Registration No. (Attorney/Agent)	25,351
Name (Print/Type)	S. Peter Ludwig	Telephone	(212) 527-7700
		Date	December 7, 2009

**AMENDMENT TRANSMITTAL LETTER**Docket No.  
09610/0202789-USOApplication No.  
10/537,277-Conf. #2231Filing Date  
May 27, 2005Examiner  
N. A. WalkerArt Unit  
3781

Applicant(s): Yoshio Onoda

Invention: HYGIENIC CAP FOR CANNED DRINK

**TO THE COMMISSIONER FOR PATENTS**

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	20	- 20 =	0	x 26.00	0.00
Independent Claims	4	- 4 =	0	x 110.00	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Request for continued examination (RCE) (see 37 CFR 1.114)					405.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					<b>405.00</b>

☐ Large Entity☒ Small Entity☐ No additional fee is required for this amendment.☒ Please charge Deposit Account No. 04-0100 in the amount of \$ 405.00.☐ A check in the amount of \$ \_\_\_\_\_ to cover the filing fee is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized to charge and credit Deposit Account No. 04-0100 as described below. A duplicate copy of this sheet is enclosed.☒ Credit any overpayment.☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.  
S. Peter Ludwig  
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Dated: December 7, 2009

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